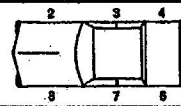
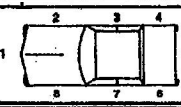


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

| | | | | | | | | | |
|---|---|--|---|---|----------------------------|---|------------------------|--|--|
| LOCAL REPORT NO. | | <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 | | Lebanon Police | | 0830300 | | ODHS USE ONLY - DO NOT MARK ABOVE | |
| REPORT TAKEN | <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | NO OF VEH PEDESTRIANS INVOLVED | CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY | | COMBINED VEH/PROP LOSS | <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150 | HIT SKIP | <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED | |
| IN COUNTY OF WARREN | | IN <input checked="" type="checkbox"/> CITY | | | LEBANON | | DATE OF CRASH: DAY | TIME: MILITARY | |
| CRASH OCCURRED ON | | 513 N. Broadway | | | WITHIN THE INTERSECTION OF | | 8.6.14 | WED 1422 | |
| IF NOT IN INTERSECTION | | (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) | | | CITY CODE | | 8321 | | |
| LOG-1 | | LOG-2 | | LOC JUR FH9 FILT | | | | | |
| A | UNIT NO. | NO OF OCCUPANTS | OPERATING | PARKED | DRIVERLESS | HIT & RUN NON CONTACT | INSURANCE CO OR AGENT | | |
| 1 | 1 | 1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | UPS | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | |
| Meucci, Raymond | | | | 5510 Iron Bridge Way Cincinnati OH | | | | | |
| PHONE NO. | | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NO. | | STATE | DRIVER'S LICENSE NO. | |
| 513-560-2320 | | 6.23.58 | 56 | M | | | OH | RK272225 | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | ADDRESS | | | | PHONE | |
| UPS | | | | | | | | | |
| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR | |
| | | TK | Brown | TK | IN | 1003409 | | FROM TO | |
| CIRCLE DAMAGE AREAS | | DAMAGE SEVERITY | | DAMAGE SCALE | | VEHICLE DISPOSITION | | FIRE | |
|  | | <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY | | <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED | | <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE | |
| 8 | UNIT NO. | NO OF OCCUPANTS | OPERATING | PARKED | DRIVERLESS | HIT & RUN NON-CONTACT | INSURANCE CO. OR AGENT | | |
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| DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) | | | | | |
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| PHONE NO. | | BIRTH DATE | AGE | SEX | SOCIAL SECURITY NO. | | STATE | DRIVER'S LICENSE NO. | |
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| OWNER (IF SAME AS DRIVER, WRITE SAME) | | | | ADDRESS | | | | PHONE | |
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| VEH YR | MAKE | MODEL | COLOR | STYLE | STATE | LICENSE PLATE NO. | TOWING SERVICE | VEH/PED DIR | |
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| F | FROM UNIT NO. | NAME (LAST, FIRST, MI) | | BIRTH DATE | AGE | POSITION | | INJURIES | |
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